

Division of School Financial Services Certification Section - Room 150 9300 Imperial Highway, Downey, CA 90242-2890

REQUEST FOR COUNTY REGISTRATION Chief Administrative Officer Credential Waiver (EC 35029)

For School	Financial	Services
ι	lse Only.	

REGISTRATION DATE	
REGISTRATION NO.	
TYPE/TITLE CODE - RESTRICTED TO DISTRICT	Γ

NAME AND ADDRESS OF EMPLOYING SCHOOL DIS	TRICT				
Applicant Information (To	be completed by applicant)				
TYPE OR PRINT NAME OF APPLICANT (LAST, FIRST,	MIDDLE)				
MAIDEN OR FORMER NAME	SOCIAL SECURITY	NUMBER	BIRTHDATE		
CHECK ONE PI	REVIOUS DISTRICT/COUNTY EXPERIENCE				
CHECK ONE	REVIOUS DISTRICT/COUNTY EXPERIENCE				
☐ Initial ☐ Renewal					
		eet 1 1.			
	Applicant A	Affidavit			
I certify (or affirm) under penalty of perjury that I have provided true and accurate statements of all facts relating to my					
professional and personal qualif					
required documents per EC 350	29 to the district for board app	proval, authorizing public	school service.		
		,			
Signed this Day of		City of	California		
Olgiled tills Day of		, Oity of	, Oaliloitila		
X					
	SIGNATURE OF A	APPLICANT			
		11 1 2107 (141			
Employment Information Per B	To be completed	ted by employer)			
PRINT TITLE OF JOB ASSIGNMENT		PERIOD OF EMPLOYME	NT		
		====			
		FROM	ТО		
DATE DOJ CLEARANCE WAS RECEIVED	EMPLOYER HAS CONFIRMED THAT		REDENTIAL OR PERMIT WAS GRANTED BY THE		
	CTO WITH AN EITEONVE BATE OF	•			
1. I have determined that the ab	ove named individual has met	all qualification requireme	ants of EC 35020 and has been		
employed by the district boar	rd of education as Chief Admir	histrative Officer of the scr	1001 district.		
2 I have attached board appro	wad minutae weiving any erec	lantial requirements for th	a above named individual		
2. I have attached board approved minutes waiving any credential requirements for the above named individual.					
3. I certify that the foregoing information is true and accurate, and this affidavit is signed under penalty of perjury.					
3. I certify that the loregoing in	iorniation is true and accurate	e, and this anidavit is sign	ied under penalty of perjury.		
SCHOOL DISTRICT NAME					
PRINT OR TYPE FIRST AND LAST NAME OF AUTHOR	RIZED EMPLOYING OFFICIAL	TITLE OF AUTHORIZED EMPLOYING	OFFICIAL		
SIGNATURE OF AUTHORIZED SCHOOL EMPLOYING	OFFICIAL		DATE SIGNED		
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Education Code Section 35029. allows the governing board to waive the credential of the Chief Administrative Office of that school district.

A local governing board may waive any credential requirement for the Chief Administrative Officer of the school district under its jurisdiction. Any individual serving as the Chief Administrative Officer of a school district who does not hold a credential may be required by the local governing board to pursue a program of in-service training conducted pursuant to guidelines approved by the commission.

Submit completed form to address at top of form.